

## Pharmacy Formulary Updates for April 2020

To offer a pharmacy benefit that is clinically appropriate and cost effective, we constantly review how we cover prescription medications. Periodic adjustments are made to meet these goals. With the exception of new-to-market medications, the changes below are reflected in our online Preferred Drug List.

The following is a list of drugs that changed formulary status in April 2020:

Drug Name	Tufts Health Public Plan Formulary
	Tufts Health Direct Formulary
Azeschew chewable	T3
Xeljanz XR	T3;PA;QL;SP
Ibrance	T2;PA;SP
Prenara Prenatal capsules	T3
Fetroja	MB
Padcev	MB
Enhertu	MB
Trikafta	T4;PA;QL
Pretomanid	T3
Esperoct	MB;PA;SI
Secuado	T3;STPA
Valtoco	T3;PA;QL
Talicia	NC
Vascepa	T2;PA
Omnipod DASH pods	T2;QL
Cayston	T2;SP
octreotide	T2;SP
Halog cream	NC
Amicar oral solution	T3
Dyrenium	NC
Orfadin capsules (2, 5, 10 mg)	NC
Semprex-D	Excluded
Tuzistra XR	NC;QL
Descovy	T2;PA
Afinitor 2.5, 5, and 7.5 mg	NC;QL;SP
Jadenu 90, 360 mg	NC

<b>Naftin 1% gel</b>	NC
<b>Norgesic Forte</b>	NC
<b>Sensipar</b>	NC
<b>Soolantra cream 1%</b>	NC
<b>Z-Tuss AC 2-9 mg/5 mL</b>	T1;QL
<b>Tussicaps 10-8 mg</b>	T3;QL
<b>hydrocodone-chlorpheniramine,10-8 mg suspension</b>	T1;QL
<b>Promethazine with codeine 6.25-10 mg/5 ml solution</b>	T1;QL
<b>Promethazine VC with Codeine syrup</b>	T1;QL
<b>Hydromet syrup</b>	T1;QL
<b>Tussigon tablets</b>	T1;QL
<b>CGU WC 100-6.3 liquid</b>	T1;QL
<b>Deproist/Cod syrup (Virtussin DAC)</b>	T1;QL
<b>Suttar-2 syrup</b>	T1;QL
<b>Coditussin AC liquid</b>	T1;QL
<b>Codar GF liquid</b>	T1;QL
<b>MAR-COF CG 225-7.5 mg/5mL liquid</b>	T1;QL
<b>Ambitussin 100-10/5 mL</b>	T1;QL
<b>Lortuss Ex liquid</b>	T1;QL
<b>Coditussin DAC liquid</b>	T1;QL
<b>famotidine suspension</b>	T3
<b>Chloroquine tablets (brand/generic)</b>	Tier 1, PA, QL
<b>hydroxychloroquine (generic)</b>	Tier 1, PA, QL

**Key:**

**MB:** Medical Benefit                   **QL:** Quantity Limitation  
**NC:** Not covered                       **SP:** Specialty Pharmacy - provided  
**NTM:** New-to-market                through CVS/specialty  
**PA:** Prior Authorization           **ST:** Step Therapy